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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
ART UNIT 2667	Timothy J. Lorenz (Reg. 41,954) 
COMPANY:	DATE:
USPTO	JULY 18, 2005
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	A32894-072797.0127
RE:	APPLICATION NUMBER:
CHANGE OF POWER OF ATTORNEY	09/780,741
NOTES/COMMENTS:	

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INTENDED FOR ENTRY**

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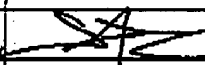
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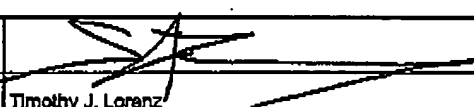
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09780,741	
	Filing Date	February 9, 2001	
	First Named Inventor	Robert Beach	
	Art Unit	2884	
	Examiner Name	Chirag G. Shah	
Total Number of Pages in This Submission	4	Attorney Docket Number	931X

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Ingrassia Fisher & Lorenz, P.C.		
Signature			
Printed name	Timothy J. Lorenz		
Date	07/18/05	Reg. No.	41,954

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Typed or printed name	Timothy J. Lorenz	Date	07/18/05

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INDICATION FORM**

Application Number	09/780,741
Filing Date	February 8, 2001
First Named Inventor	Robert Beach
Title	MULTIPLE WIRELESS LOCAL AREA NETWORKS OCCUPYING OVERLAPPING PHYSICAL SPACES
Art Unit	2664
Examiner Name	Chirag G. Shah
Attorney Docket Number	931X

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
TIMOTHY J. LORENZ	41,954
AARON B. BERNSTEIN	96,745
GLENN F. FRANKENBERGER	41,024
LORI GATHMAN	37,520

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

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Country

Telephone

Fax

I am that:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	AARON B. BERNSTEIN, VICE PRESIDENT SYMBOL TECHNOLOGIES, INC.		
Signature			
Date	15 OCT 05	Telephone	(631) 738-4055

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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JUL 15. 2005 3:26PM

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No. 1198 P. 4/5
NO. 2134 F. IV

PTO/SB/82 (04-08)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/780,741
Filing Date	February 9, 2001
First Named Inventor	Robert Beach
Art Unit	2624
Examiner Name	Chirag G. Shah
Attorney Docket Number	931X

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

29,906

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Aaron B. Bernstein, Vice President Symbol Technologies, Inc.

Date

Telephone

(631) 738-4055

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: ROBERT BEACH

Application No./Patent No.: 09/780,741 Filed Date: February 9, 2001

Entitled: MULTIPLE WIRELESS LOCAL AREA NETWORKS OCCUPYING OVERLAPPING PHYSICAL SPACES

SYMBOL TECHNOLOGIES, INC., a CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011788 Frame 0415, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:


1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

15 July 2005
Date
(631) 738-4055
Telephone number

AARON B. BERNSTEIN
Typed or printed name

Signature
VICE PRESIDENT SYMBOL TECHNOLOGIES, INC.
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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